

Northern Virginia Strategic Planning Partnership  
Steering Committee  
April 29, 2011

In Attendance

Allen Berenson, *FFC CSB*

George Braunstein, *FFC CSB*

Alicia Bush, *PW CSB*

Christy Cacciapaglia, *WSH*

Aimee Cocolin, *Dominion Hospital*

Valerie Cuffee, *Arlington CSB*

Maximilien Del Rio, *NVMHI*

Kristen Duda, *NAMI No. Va.*

Karen Friesz, *NVRPO*

Mike Gilmore, *Alexandria CSB*

Wendy Gradison, *PRS, Inc.*

Trudy Harsh, *Brain Foundation*

Anne Hermann, *Older Adults Advocate*

Cindy Kemp, *Arlington CSB*

Cindy Koshatka, *NVRPO*

Nicole Lucas, *Dominion Hospital*

Diane Manganelli, *Arlington CSB*

Tom Maynard, *Loudoun CSB*

Lorrie Nicewarner, *Dominion Hospital*

Phil Ross, *NAMI-Prince William*

Lorraine Rouse, *Poplar Springs Hospital*

Debra Schuetz, *PW CSB*

Jerry W., *Consumer Advocate*

Handouts: Agenda, Notes from January 28, 2011 Meeting, HPR II Draft Proposal regarding youth in crisis, Crisis Intervention and Crisis Stabilization Services for Individuals with ID, NAMI Support Groups, WSH Handout.

1. Welcome and Introductions

Cindy Kemp welcomed the group, and introductions were made.

2. Youth Proposal

Valerie Cuffee distributed a proposal to the Partnership that addresses critical needs of children and adolescents in Northern Virginia who are experiencing a psychiatric crisis. This proposal was reviewed and discussed. CCCA data is included through the third quarter, which identifies HPR II as the third largest user in Virginia of their services (21% utilization). A model from Milwaukee was discussed as their population is similar to ours. The model that Ms. Cuffee is proposing on behalf of a regional workgroup has two components – a mobile crisis team and a facility project. The mobile crisis program component would link the five jurisdictions in the region by placing outreach crisis staff where the population demand is highest. It will be important to know how to keep the program from becoming a revolving door by involving schools and linking to local community services. The facility project would start with an 8 bed facility with the expectation of future expansion. Several pieces of the proposal still need to be worked out (funding, renting vs. buying property, etc.). A joint venture with private vendors has been considered for youth with co-occurring disorders. Next steps include finalizing the plan and making the State aware of it. Grant applications will be sought. Take the plan to the VACSB through the Council or Region in order to have funding by the time it's ready for operation. It will not go to the General Assembly until January 2012.

### 3. Crisis Intervention Center

A total of 19 beds at NVMHI will be closed as of 12/31/11 and the beds will not be put back online. An overview of the project was given, including background explaining that planning began when the initial NVMHI beds were cut in the spring of 2010. Inova expressed interest in starting a project to decrease the number of people with psychiatric symptoms waiting in their emergency rooms. The project is now a partnership between the Region and Inova. Staff positions will be divided between Inova and the CSBs. The goal is to assist clients quickly and link them to the services they need. The center is expected to have a service based approach rather than facility based. Funding from the state will be needed. Hopes are that the facility will be operational in the fall of 2011. NGRIs are under the custody of the Commissioner and have to be at a State facility, which makes the possibility of creating an NGRI residence a more futuristic endeavor.

### 4. ID CSU/MCU services

A handout was distributed to the group for review and discussion. HPR II will apply for state funding from the \$5M that the General Assembly allocated for ID/MH services statewide. A crisis facility and a mobile crisis unit will be needed. The facility may be linked with Emergency Services as an initial point of contact. The ID population has different needs than the MH population (help with ADLs, etc.). ID Directors are involved in the planning. This program is being designed for adults who may otherwise end up in an inappropriate setting (NVMHI, NVTC, etc.).

### 5. Regional Newsletter

Articles are needed for the next newsletter, which will be published in July 2011. If you would like to be on the distribution list or have a submission for the newsletter, please email Julie Parkhurst at [Julie.Parkhurst@fairfaxcounty.gov](mailto:Julie.Parkhurst@fairfaxcounty.gov).

### 6. Round Robin

- Anne Hermann: September is Older Virginians MH awareness month. There will be training in Fairfax for the Region regarding mixing alcohol and medications and how it becomes more problematic as we age.
- Christy Cacciapaglia: A handout was given by WSH showing that Regions 1 and 2 combined have 10 beds/100k and the populations are increasing. Populations elsewhere in the state are not rising. LOS has been longer due to NGRIs and restorations taking longer. 90% of their admissions take place between 8 a.m. and 5 p.m.
- George Braunstein: A mobile Intense Community Coordination team is being built in Fairfax for youth. This will help resolve crises and keep youth in their communities and out of the hospital. Six new teams for MH are being added and plans are being finalized. Twenty new positions have been approved and one team will go to jail diversion. Medical detox will expand on 7/1/11 by five beds. This will allow Fairfax to serve approximately 250 additional clients per year.
- Mike Gilmore: The Safe Haven program in Alexandria is up and running.
- Aimee Cocolin: 68 beds will remain open at their current site after their sister facility opens in Loudoun (2015) with 40 beds.

- Lorraine Rouse: Poplar Springs is exploring the expansion/remodeling of the child unit.
- Kristen Duda: A handout regarding NAMI programs was distributed. A ‘save the date’ was given (10/8/11) for their annual walk.
- Trudy Harsh: The Brain Foundation has purchased six houses since 2006. Tenants are MH and pay rent (\$175 - \$350/month). The Brain Foundation does not choose the residents. They furnish and remodel the home; they would like to support the development of this model in Prince William and Loudoun Counties. Their seventh house has just been financed and will be purchased in November 2011.
- Phil Ross: NAMI Prince William clarified the difference between NAMI PW and NAMI Northern Virginia. Newsletter information will be sent to Julie Parkhurst.
- Wendy Gradison: Wendy extended congratulations to Trudy Harsh for being selected as Washingtonian of the Year.
- Tom Maynard: The peer group council is operational. Recovery money given to Loudoun was used to fund peer specialists.
- M. Del Rio/NVMHI: 13 beds at NVMHI will remain open through 12/31/11. The acute unit beds were chosen for cuts in order to lessen the impact on clients as that unit has a large turnover.

#### 7. Next Meeting

July 22, 2011 from 1-3 p.m. Location TBD.